

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000005115 (9)**

1. Corporation Name

COVENANT HEALTH SERVICES, INC.



Principal Place of Business

Mailing Address

**5151 NORTH NINTH AVE.
PENSACOLA FL 32504**

**5151 NORTH NINTH AVE.
PENSACOLA FL 32504**

3. Date Incorporated or Qualified

10/30/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21 2200 North Palafox Street

26 2200 North Palafox Street

4. FEI Number

59-3355570

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite B

27 Suite B

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23 Pensacola FL

28 Pensacola FL

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24 32501

25

29 32501

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MADDEN, PATRICK
5151 NORTH NINTH AVE.
PENSACOLA FL 32504**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CD** ☐ DELETE
NAME **NICKELSEN, ERIC**
STREET ADDRESS **2761 DUNSINANE ROAD**
CITY - ST - ZIP **PENSACOLA FL 32503**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **PD** ☐ DELETE
NAME **VICKERY, JAMES F**
STREET ADDRESS **1000 WEST MORENO ST.**
CITY - ST - ZIP **PENSACOLA FL 32522**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **T** ☐ DELETE
NAME **REMKE, ADRIAN P**
STREET ADDRESS **1000 WEST MORENO ST.**
CITY - ST - ZIP **PENSACOLA FL 32522**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **VCSD** ☐ DELETE
NAME **USRY, MILTON F**
STREET ADDRESS **6553 TERRASANTA**
CITY - ST - ZIP **PENSACOLA FL 32504**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **MADDEN, PATRICK**
STREET ADDRESS **5151 NORTH NINTH AVENUE**
CITY - ST - ZIP **PENSACOLA FL 32504**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **RICKETSON, GEORGE M.D.**
STREET ADDRESS **5147 NORTH NINTH AVENUE**
CITY - ST - ZIP **PENSACOLA FL 32504**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/96

904 -

469-2334

Daytime Phone #

CR2E037 (3/96)